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November 21, 2005

From: Dan Cleveland

Matter No.: 391331

To:	Company:	Fax Number:	Phone Number:
Mail Stop RCE Commissioner for Patents	United States Patent Office	571 273 8300	

Number of Pages Transmitted (including this cover sheet):

Applicant: Victor Leroy Babbitt et al.

Examiner: Arani, Taghi T.

Serial No.: 09/505,821

Group Art Unit: 2131

Filed: February 17, 2000


Confirmation No. 7737

For: SECURE INTERNET VOTING SYSTEM WITH BOOTABLE DISK

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF TRANSMISSION (37 CFR 1.8)			Atty Docket No.
Applicant(s): Victor Leroy Babbitt et al.			391331
Application No.	Filing Date	Examiner	Group Art Unit
09/505,821	February 17, 2000	Arani, Taghi T.	2131
Title: SECURE INTERNET VOTING SYSTEM WITH BOOTABLE DISK			
Date of Transmittal: <u>November 21, 2005</u>			
I hereby certify that the following documents:			
<ol style="list-style-type: none">1. Request for Continued Examination (RCE) Transmittal (1 page, in duplicate)2. Petition for Extension of Time Under 37 CFR 1.136(a) (1 page, in duplicate)3. Fee Transmittal FY 2005 (1 page, in duplicate)4. Amendment (pages)5. Certificate of Transmission (1 page); and6. Fax Cover Sheet (1 page)			
are being transmitted via facsimile number 571-273-8300 to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 1450, on the date indicated above.			
		Name of Depositor/Transmitter	
		Dan Cleveland Jr.	
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

395

Complete if Known

Application Number 09/505,821
Filing Date February 17, 2000
First Named Inventor Victory Leroy Babbitt
Examiner Name Arant, Taghi T.
Art Unit 2131
Attorney Docket No. 391331

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :
☒ Deposit Account Deposit Account Number: 12-0600 Deposit Account Name: Lathrop & Gage LC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
-20 or HP=	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP=	x	=
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
- 100 = / 50 = (round up to a whole number) x =


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE

395

SUBMITTED BY

Signature  Registration No. 36,106 Telephone 720-83-3012
Name (Print/Type) Dan Cleveland, Jr. Date November 21, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)
Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL for FY 2005</h2>		<p><i>Complete if Known</i></p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/505,821
		Filing Date	February 17, 2000
		First Named Inventor	Victory Leroy Babbitt
		Examiner Name	Areni, Taghi T.
		Arl Unit	2131
<p>TOTAL AMOUNT OF PAYMENT (\$) 395</p>		Attorney Docket No.	391331

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☐ Check
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 ☐ Money Order
 ☐ None
 ☐ Other (please identify) : _____

☒ Deposit Account
 Deposit Account Number: 12-0800
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☒ Charge any additional fee(s) or underpayments of fee(s)
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Under 37 CFR 1.16 and 1.17

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	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
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Total Claims **Extra Claims** **Fee(\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 _____ -20 or HP= _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee(\$)** **Fee Paid (\$)**
 _____ - 3 or HP= _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

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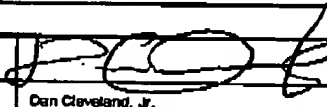
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Other (e.g., late filing surcharge) : RCE	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge) : RCE	395

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,106	Telephone	720-831-3012
Name (Print/Type)	Don Cleveland, Jr.	Date	November 21, 2005		

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